

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 12 2016

1. CARRIER INFORMATION:

485		American Care Transit Company, Inc			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
5613 Leesburg Pike		42	Falls Church	VA	22041-2912
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
P.O. Box 3648			Alexandria	VA	22302-3648
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
703 201 5900		202 369 1667	703 9330022		
*Telephone		Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mohammed H.A. Ahmed		President	
*Name		*Title	
703 201 5900	202 369 1667	703 9330022	american.care.transit@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone	E-mail	
Agent Address (must be inside Metropolitan District)		Apt./Suite	City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2011	Ford	1FB5S3BL8BD411646	H524275	VA	15 Passengers	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mohammed H Ahmed
***Name** (type or print)

President
***Title** (not required for sole proprietors)

Melt
***Signature**

01 - 12 - 016
***Date**